



**Department of Justice
Bureau of Narcotic Enforcement
CURES Program
Direct Dispense Data Specifications**

| Field Name | Field Format | Field Length | Positions |
|---------------------------------|---------------------|---------------------|------------------|
| **Physician Name | A/N | 60 | 001 - 060 |
| **Physician Address | A/N | 40 | 061 - 100 |
| **Physician City | A/N | 35 | 101 - 135 |
| **Physician State | A/N | 2 | 136 - 137 |
| **Physician Zip Code | A/N | 10 | 138 - 147 |
| **Physician DEA Number | A/N | 10 | 148 - 157 |
| **State Medical License | A/N | 10 | 158 - 167 |
| Telephone Number | A/N | 10 | 168 - 177 |
| Category of Licensure | A/N | 5 | 178 - 182 |
| **Date of Dispensing | N | 8 | 183 - 190 |
| **Quantity | N | 5 | 191 - 195 |
| Drug Name | A/N | 35 | 196 - 230 |
| **NDC Number | N | 11 | 231 - 241 |
| Strength | A/N | 25 | 242 - 266 |
| **Patient Last name | A/N | 15 | 267 - 281 |
| Middle Initial | A/N | 2 | 282 - 283 |
| **Patient First Name | A/N | 15 | 284 - 298 |
| **Date of Birth | A/N | 8 | 299 - 306 |
| **RX Number | N | 9 | 307 - 315 |
| **Gender Code | N | 1 | 316 - 316 |
| ICD Code | N | 7 | 317 - 323 |
| **Patient Street Address | A/N | 30 | 324 - 353 |
| **City | A/N | 25 | 354 - 378 |
| **State | A/N | 2 | 379 - 380 |
| **Zip Code (Extended) | A/N | 10 | 381 - 390 |
| **Date Submitted | A/N | 8 | 391 - 398 |

***NOTE:** All A/N fields must be left justified, right blank filled, and all N fields are right justified, left zero filled.

**** Required Field.**



Department of Justice

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CURES Program

Direct Dispense Data Specifications

Direct Dispense Format Field Definitions

| Field Name | Definition | Values/Comments |
|----------------------------|--|-----------------|
| Physician Name | Last name and first name of physician | |
| Physician Address | Physician's business address | |
| Physician City | Physician's business city | |
| Physician State | Standard 2-digit State abbreviation (example: CA). | |
| Physician Zip Code | 9 digit zip code | XXXXX-XXXX |
| Physician DEA Number | Drug Enforcement Agency (DEA) number assigned to the physician/dispenser | |
| State Medical License | State Medical license issued by the Board of Medical | |
| Physician Telephone Number | Business telephone number | |
| Category of Licensure | Physician's medical license type | MD, DDS, VMD |
| Date of Dispensing | Date drug was dispensed | YYYYMMDD |
| Quantity | Number of metric units of drug being dispensed | |
| Drug name | Product name of dispensed drug | |
| NDC Number | National Drug Code of the drug dispensed in (5-4-2) format | |
| Strength | Drug strength in mg, ml | |
| Patient Last Name | Patient Last Name | |
| Middle Initial | Patient middle initial | |
| Patient First Name | Patient First Name | |
| Date of Birth | Patient's birth date | YYYYMMDD |
| Rx Number | Prescription number | |
| Gender Code | Sex / Gender of the patient | 1=Male 2=Female |
| ICD Code | ICD-9 or CPT code provided by physician | |
| Patient Address | Street or PO Box # | |
| City | City patient lives in | |
| State | Standard 2-digit State abbreviation (example: CA). | |
| Zip Code | Full zip code (including 4-digit suffix if available). | XXXXX-XXXX |
| Date Submitted | Date the Direct Dispensing report is submitted to Department of Justice | YYYYMMDD |